ODD FELLOW HOME

1229 SOUTH JACKSON STREET

GREEN BAY 54301 Phone: (920) 437-6523 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 82 Yes Number of Residents on 12/31/02: 75 Average Daily Census: \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)								
Home Health Care	No			Age Groups		Less Than 1 Year	52.0			
Supp. Home Care-Personal Care	No					1 - 4 Years	37.3			
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65 1.3			10.7			
Day Services	No	Mental Illness (Org./Psy)	24.0	65 - 74 12.0						
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	40.0		100.0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42.7	* * * * * * * * * * * * * * * * * * *	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.3	3   95 & Over 4		)   Full-Time Equivalent				
Congregate Meals	No	Cancer	2.7			Nursing Staff per 100 Residents				
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)				
Other Meals	No	Cardiovascular	20.0	65 & Over	98.7					
Transportation	No	Cerebrovascular	9.3			RNs	7.2			
Referral Service	No	Diabetes	1.3	Sex	용	LPNs	7.9			
Other Services	Yes	Respiratory	1.3			Nursing Assistants,				
Provide Day Programming for		Other Medical Conditions	40.0	Male	18.7	Aides, & Orderlies	43.6			
Mentally Ill	No			Female	81.3					
Provide Day Programming for			100.0							
Developmentally Disabled	No				100.0					
			and the state of the state of							

## Method of Reimbursement

		edicare	edicare Medicaid tle 18) (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	7	100.0	303	44	97.8	115	0	0.0	0	23	100.0	131	0	0.0	0	0	0.0	0	74	98.7
Intermediate				1	2.2	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		45	100.0		0	0.0		23	100.0		0	0.0		0	0.0		75	100.0

\* % Needing Total ercent Admissions from: | Activities of % Assistance of % Totally
Private Home/No Home Health 7.5 | Daily Living (ADL) Independent One Or Two Staff Dependent
Private Home/With Home Health 0.0 | Bathing 4.0 58.7 37.3
Other Nursing Homes 5.8 | Dressing 8.0 80.0 12.0
Acute Care Hospitals 75.8 | Transferring 10.7 76.0 13.3
Psych. Hosp.-MR/DD Facilities 0.0 | Toilet Use 12.0 69.3 18.7 Percent Admissions from: Number of Residents 7.5 Other Nursing Homes 5.8 | Dressing 8.0 80.0 12.0 Acute Care Hospitals 75.8 | Transferring 10.7 76.0 13.3 Psych. Hosp.-MR/DD Facilities 0.0 | Toilet Use 12.0 69.3 18.7 Rehabilitation Hospitals 0.0 | Eating 54.7 38.7 6.7 7.5 7.5 7.5 Other Locations % Special Treatments Total Number of Admissions 120 | Continence ercent Discharges To: | Indwelling Or External Catheter 5.3 Receiving Respiratory Care 0.0 Private Home/No Home Health 42.3 | Occ/Freq. Incontinent of Bladder 57.3 Receiving Tracheostomy Care 0.0 Private Home/With Home Health 0.0 | Occ/Freq. Incontinent of Bowel 37.3 Receiving Suctioning 0.0 Occ/Freq. Incontinent of Bowel 37.3 Receiving Suctioning 0.0 Receiving Ostomy Care 2.7 Acute Care Hospitals 10.6 | Mobility Restrained 0.0 Receiving Mechanically Altered Diets 34.7 Percent Discharges To: Rehabilitation Hospitals 0.0

\*

\*

Other Resident Characteristics

Receiving Psychoactive Drugs

88.0

61.3

13.3 Have Advance Directives

0.0 Medications

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

9.8 | Skin Care

Total Number of Discharges | With Rashes

123 |

35.8 | With Pressure Sores

Other Locations

(Including Deaths)

Deaths

***********	*****	****	****	*****	****	*****	****	****	*****
			ership:		Size:	Licensure:			
	This	Non	profit	50	-99	Ski	lled	All	
	Facility	Peer Group		Peer	Group	Peer Group		Facilities	
	90	%	Ratio	90	Ratio	90	Ratio	ଚ	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.7	87.5	1.06	87.1	1.06	85.3	1.09	85.1	1.09
Current Residents from In-County	57.3	79.3	0.72	81.5	0.70	81.5	0.70	76.6	0.75
Admissions from In-County, Still Residing	20.8	21.8	0.96	20.0	1.04	20.4	1.02	20.3	1.03
Admissions/Average Daily Census	157.9	124.6	1.27	152.3	1.04	146.1	1.08	133.4	1.18
Discharges/Average Daily Census	161.8	129.0	1.25	153.5	1.05	147.5	1.10	135.3	1.20
Discharges To Private Residence/Average Daily Census	68.4	50.5	1.35	67.5	1.01	63.3	1.08	56.6	1.21
Residents Receiving Skilled Care	98.7	94.7	1.04	93.1	1.06	92.4	1.07	86.3	1.14
Residents Aged 65 and Older	98.7	96.2	1.03	95.1	1.04	92.0	1.07	87.7	1.13
Title 19 (Medicaid) Funded Residents	60.0	56.7	1.06	58.7	1.02	63.6	0.94	67.5	0.89
Private Pay Funded Residents	30.7	32.8	0.94	30.0	1.02	24.0	1.28	21.0	1.46
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	24.0	35.5	0.68	33.0	0.73	36.2	0.66	33.3	0.72
General Medical Service Residents	40.0	23.8	1.68	23.2	1.72	22.5	1.78	20.5	1.95
Impaired ADL (Mean)	50.1	50.4	0.99	47.7	1.05	49.3	1.02	49.3	1.02
Psychological Problems	61.3	54.7	1.12	54.9	1.12	54.7	1.12	54.0	1.14
Nursing Care Required (Mean)	6.3	6.9	0.92	6.2	1.02	6.7	0.94	7.2	0.88